

United States District Court
Southern District of Indiana

Case No. _____

(write the number including letters of your criminal case)

UNITED STATES OF AMERICA

V.

**MOTION FOR
SENTENCE REDUCTION
PURSUANT TO**

**18 U.S.C. § 3582(c)(1)(A)
(COMPASSIONATE RELEASE)**

(Pro Se Prisoner)

(write your name here)

NOTICE

Federal Rule of Criminal Procedure 49.1 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

I. MOTION

I hereby move the court for a reduction in sentence (compassionate release) pursuant to § 603 of the First Step Act of 2018 and 18 U.S.C. § 3582(c)(1)(A).

Indicate the reasons for your motion, select all that apply:

- ☐ I have been diagnosed with a terminal illness.
- ☐ I have a serious physical or medical condition, that substantially diminishes my ability to provide self-care within the environment of a correctional facility, from which I am not expected to recover.
- ☐ I have a serious functional or cognitive impairment that substantially diminishes my ability to provide self-care within the environment of a correctional facility, from which I am not expected to recover.
- ☐ I have deteriorating physical or mental health because of the aging process that substantially diminishes my ability to provide self-care within the environment of a correctional facility, from which I am not expected to recover.
- ☐ I am (i) at least 65 years old; (ii) am experiencing a serious deterioration in physical or mental health because of the aging process; and (iii) have served at least 10 years or 75 percent of my term of imprisonment, whichever is less.
- ☐ The caregiver of my minor child or children has died or become incapacitated and I am the only available caregiver for my child or children.
- ☐ My spouse or registered partner has become incapacitated and I am the only available caregiver for my spouse or registered partner.
- ☐ I meet *all* the following criteria:
 - I am 70 years or older;
 - I have served 30 years or more of imprisonment pursuant to a sentence imposed under 18 U.S.C. § 3559(c) for the offense or offenses for which I am imprisoned; and
 - I have been determined by the Director of the Bureau of Prisons not to be a danger to the safety of any other person or the community, as provided under section 3142(g).
- ☐ Other: _____

II. MOVANT'S INFORMATION

Name

Prisoner ID #

Bureau of Prisons Facility

Institutional Address

III. SENTENCE INFORMATION

Date of sentencing:

Term of imprisonment imposed:

Approximate time served to date:

Projected release date:

Length of Term of Supervised Release:

IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES

WARNING: 18 U.S.C. § 3582(c)(1)(A) allows you to file this motion after you have “fully exhausted all administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on the defendant’s behalf or the lapse of 30 days from the receipt of such a request by the warden of the defendant’s facility, whichever is earlier.” Your motion may be denied if do not meet these criteria.

Have you submitted your request for a sentence reduction to the warden of the institution where you are incarcerated? ☐ Yes (Date submitted: _____) ☐ No

If no, explain why not:

It has been 30 days since your request was received by the Warden and the Warden has not responded to your petition. ☐ Yes ☐ No

Was your request denied by the Warden? ☐ Yes (Date denied: _____) ☐ No

Have you received a final administrative denial from either Bureau of Prisons General Counsel or the Director of the Bureau of Prisons? ☐ Yes ☐ No

V. STATEMENT SUPPORTING MOTION

Briefly describe the reasons supporting your motion. If you have checked “other” as your reason above, please describe your circumstances and how they apply here. Explain whether your circumstances were known to the court at the time of sentencing. Attach additional sheets if necessary, along with any relevant exhibits (to include medical records, if seeking release based on a medical condition).

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please describe your proposed release plans (employment, medical needs, housing, and financial resources).

VI. Medical Information

(Please fill out this section if seeking a release based on a medical condition, if not, please skip to section VII)

List any medical diagnoses, if any, that are the basis for your motion.

Will you require ongoing medical care if you are released from prison? ☐ Yes ☐ No

Do you have health insurance? ☐ Yes ☐ No

If yes, provide name of insurance company and policy number. If no, how do you plan to pay for your medical care?

If no, are you willing to apply for government services (i.e. Medicaid/Medicare)? ☐ Yes ☐ No

Do you have copies of your medical records documenting the condition(s) for which you are seeking release? ☐ Yes ☐ No

If yes, please include them with your motion. If no, where are the records located?

Are you currently prescribed medication in the institution? ☐Yes ☐No

If yes, list all prescribed medication, dosage, and frequency.

Do you require durable medical equipment (e.g. wheelchair, walker, oxygen, prosthetic limbs, hospital bed)? ☐Yes ☐No

If yes, list equipment.

Do you require assistance with self-care such as bathing, walking, toileting? ☐Yes ☐No
If yes, please list the required assistance and how it will be provided.

Do you require assisted living? ☐Yes ☐No
If yes, please provide address of the anticipated home/facility and source of funding to pay for it.

Do you have primary care arranged in the community? ☐Yes ☐No

Provide name and address of your primary care physician.

Are the people you are proposing to reside with aware of your medical needs? ☐Yes ☐No

Do you have other community support that can assist with your medical needs? ☐Yes ☐No
Provide names, ages, and their relationship to you.

Will you have transportation to and from your medical appointments? ☐Yes ☐No
Describe method of transportation.

VII. RELEASE PLAN

Provide proposed address where you will reside if released from prison.

Provide name and phone number of property owner or renter where you will reside if released from prison.

Provide names, ages, and relationship to you of any other residents living at the above listed address? (If the resident is a minor, do not provide the minor's full name; provide only initials.)

Do the residents of the home know you are proposing to reside with them? ☐ Yes ☐ No

Are they supportive of your request? ☐ Yes ☐ No

Are you physically and mentally able to maintain employment? ☐ Yes ☐ No

Have you secured employment? ☐ Yes ☐ No

Provide name and address of employer and job duties.

VIII. MOVANT'S SIGNATURE

Sign and date the motion.

Date

Movant's Signature

Print Name